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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

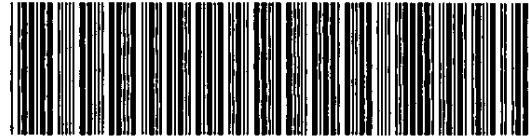
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 28 PM 4:09

Amend  
@ 4/2/13

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ALCOHOLIC SERVICE CENTER, INC.

DOCUMENT NUMBER: 706019

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TINA M. HOLMBERG

(Name of Contact Person)

ALCOHOLIC SERVICE CENTER, INC.

(Firm/ Company)

20 WEST 4TH STREET

(Address)

JACKSONVILLE, FL 32206

(City/ State and Zip Code)

TINAM.HOLMBERG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA M. HOLMBERG

(Name of Contact Person)

at (904)

355-6947

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                          |                                                                        |                                                                                                     |                                                                                                                                       |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2013

TINA M. HOLMBERG  
ALCOHOLIC SERVICE CENTER INC  
20 WEST 4TH STREET  
JACKSONVILLE, FL 32206

SUBJECT: ALCOHOLIC SERVICE CENTER INC  
Ref. Number: 706019

We have received your document for ALCOHOLIC SERVICE CENTER INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 413A00002406



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 MAR 28 AM 9:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

January 31, 2013

TINA M. HOLMBERG  
ALCOHOLIC SERVICE CENTER INC  
20 WEST 4TH STREET  
JACKSONVILLE, FL 32206

SUBJECT: ALCOHOLIC SERVICE CENTER INC  
Ref. Number: 706019

We have received your document for ALCOHOLIC SERVICE CENTER INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton  
Regulatory Specialist II

Letter Number: 413A00002406

Articles of Amendment  
to  
Articles of Incorporation  
of

**ALCOHOLIC SERVICE CENTER, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**706019**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

**TINA M HOLMBERG**

**20 W. 4TH STREET**

(Florida street address)

New Registered Office Address:

**JACKSONVILLE**

(City)

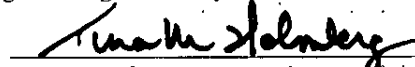
Florida

**32206**

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



Signature of New Registered Agent, if changing

13 MAR 28 PM 4:09  
FULTON COUNTY  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |                                                                                                                  |                                                   |                      |                                                                    |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|--------------------------------------------------------------------|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>PRESIDENT</u><br><u>BOARD</u><br><u>MEMBER</u> | <u>JOHN CLAXTON</u>  | <u>20 W. 4TH STREET</u><br><u>JACKSONVILLE, FL</u><br><u>32206</u> |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>PRESIDENT</u>                                  | <u>TINA HOLMBERG</u> | <u>20 W. 4TH STREET</u><br><u>JACKSONVILLE, FL</u><br><u>32206</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |                                                   |                      |                                                                    |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |                                                   |                      |                                                                    |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |                                                   |                      |                                                                    |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |                                                   |                      |                                                                    |

(attach additional sheets, if necessary). (Be specific)

1. *Introduction*  
 2. *Background*  
 3. *Methodology*  
 4. *Results*  
 5. *Discussion*  
 6. *Conclusion*  
 7. *References*  
 8. *Appendix*  
 9. *Index*  
 10. *Glossary*  
 11. *Abbreviations*  
 12. *Footnotes*  
 13. *Tables*  
 14. *Figures*  
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The date of each amendment(s) adoption: \_\_\_\_\_

3/25/13

Effective date if applicable: \_\_\_\_\_

3-25-13

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

3-25-13

Signature

Mike Davis

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MIKE DAVIS

(Typed or printed name of person signing)

Mike Davis

(Title of person signing)